CPA VERIFICATION OF EXPERIENCE

Applicant Name:_____

1. Experience shall include providing any type of service or advice involving the use of accounting, attest (CPA), compilation, management advisory, financial advisory, tax or consulting skills. Experience may be gained through employment in government, industry, academia, or public practice.

2. An applicant seeking issuance of a certificate pursuant to paragraph 1023.3(1)"a," "b," or "c" will have no less than one year of experience. One year of experience will consist of full- or part-time employment that extends over a period of no less than one year and no more than three years and includes no fewer than 2,000 hours of performance of services outlined in Iowa Code section 542.5(12). Experience may be gained in more than one employment situation, including an internship.

   An applicant seeking issuance of a certificate pursuant to paragraph 1023.3(1)"d" or "e" will have no fewer than two years of experience. Two years of experience will consist of full- or part-time employment that extends over a period of no fewer than two years and no more than four years and includes no fewer than 4,000 hours of performance of services outlined in Iowa Code section 542.5(12). Experience may be gained in more than one employment situation, including an internship.

3. Teaching experience shall be in the employment of an institution of higher education and shall include teaching a minimum of 24 semester hours of accounting courses for which the course participants receive credit on an official transcript. Teaching of noncredit continuing education courses shall not qualify.

4. All experience shall be verified by an active licensee with direct supervisory control over the applicant OR if the applicant is not supervised by a licensee then it may be verified by an active CPA licensee. An original signature is required.

5. **If you are seeking attest you may skip this section and only complete the attest qualification section of this application**.

PERIOD				Name & Address of Employer or Firm Signature of Verifying Licensee	Complete work description Do NOT give a job title
FROM		TO			
MO	YR	MO	YR		
# OF HOURS				Print Name	
				Signature	
				Cert/License # State	

PERIOD				Name & Address of Employer or Firm Signature of Verifying Licensee	Complete work description Do NOT give a job title
FROM		TO			
MO	YR	MO	YR		
# OF HOURS				Print Name	
				Signature	
				Cert/License # State	